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ABORTIVE TREATMENT OF PNEUMONIA,

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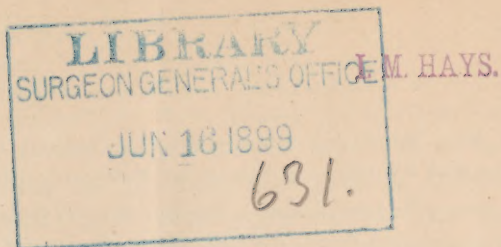
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ABORTIVE TREATMENT OF PNEUMONIA.

BY W. Y. GADBURY, M. D., OF YAZOO CITY, MISS.

I DESIRE to introduce to this body for discussion a subject that may properly be designated as the Abortive Treatment of Pneumonia. I have hesitated to do so, because some of our best authors have recently adopted the theory that the disease is of constitutional origin—that it is a fever with a local manifestation. I am not yet prepared to concur in opinion with those who advocate this doctrine, but as the question can only be settled by extended observation and research, I will confine myself to a brief recital of the reasons which induce me to believe that the disease is of a phlegmonous character, entirely independent of any previous constitutional taint. It would be a strange doctrine to declare that plasticity of the blood and exudation of lymph within the cells of an injured organ, whether, the result of traumatism or not, should be considered a constitutional disease. This reserve power of the blood, ever present in healthy organisms, is essential to life and may be called forth at any moment to preserve the integrity of animal tissue. A scratch or a wound immediately receives this benign gift. Perhaps in every stage of life, it is demanded to repair damage in hidden parts of the body, which, if left unsealed, would greatly shorten the duration of human life.

We have all witnessed the origin of local lesions attended by the exudation of fibrinous products, resulting in fever of several days duration. We have seen this material poured forth on the flaps of amputated limbs in cases when it was impossible that it could have proceeded from a blood poison. There is no reason why it should not occur in the lungs from causes which determine other local lesions. The attenuated and porous nature of the lung tissue, the complexity of the pulmonary circulation, its tortuous and distended capillaries exposed to the contact of air of different density and temperature, all conspire to form a nidus for the arrest and reception of any material that may be floating in the blood. It is therefore not surprising that any sudden influx of blood rendered adhesive by the development of fibrin should close the cells and delicate network of the lungs. Thus clogged and rendered unfit for duty, exudation or degeneration must take place. There is no density of tissue to limit the quantity, and the whole substance of a lung may be filled with this product if it is not arrested. It is not denied that pneumonia may be cotemporaneous in its origin with zymotic fever, and we all know that it is often intercurrent in the progress of fevers and surgical injuries. This much of the pathology and history of the disease comes within the province of this paper, which is designed to show that the disease is not of constitutional origin or strictly self-limited in its nature, but that it may be aborted in its course. There are four objective points in the treatment of this disease, which should at all times be kept in view. First, to give rest to the injured organ by paralyzing the respiratory nerve centers so as to reduce the respiratory movements nearly to the normal standard. Second, to arrest the congestion and exudation. Third, to reduce the temperature and pulse. Fourth, to support the system. All of these must be constantly in the mind of the attending physician, from the onset to the termination of the case.

The following extracts, taken from Fothergill's Handbook of Treatment, illustrates in forcible language the opinions which have exercised a controlling influence over

my mind for many years. On page 205 the author says: "Under all circumstances it is very necessary that rest as far as possible be given to the diseased viscus. In all inflammatory conditions rest is clearly indicated. Quiet permits of the reduction of the hyperæmia, which is the initial step of the inflammatory process, whether, simple or tuberculous. It is the impossibility of securing perfect rest that renders the presence of tubercle in the lungs and bowels so much graver than is its appearance in an ordinary gland. The constant movements of the lungs and of the bowels cause a further development of connective tissue, just as does the movement of a broken limb call out callus; and this new formation takes on in its turn, tuberculous degeneration. If rest could be secured the secondary formation could be avoided."

Again, on page 391, he condemns without qualification the use of opium in thoracic diseases on account of its paralyzing influence over the heart and respiratory nerve centers. His condemnation of this grand and heroic remedy from a theoretical stand-point is unsustained by practice, and few practitioners in this country will admit the correctness of the author's opinions. The paralytic and antagonistic influence of remedial agents deserve more consideration than they receive from medical teachers, and the day is not far distant when much of the mysterious operation of medicines, will be explained through their influence directly upon the nervous system. It is unfortunate that Dr. Fothergill did not point out clearly the indications which forbid the use of opium in thoracic affections. His simple declaration that it paralyzes the heart and respiratory nerve centers, does not prove its lethal tendency when properly used. We all believe that we can determine when it is indicated, but it is extremely difficult to know the stopping point. A remedy of such power over the heart and lungs could not be otherwise than dangerous if misapplied or used in excess.

The precept taught in this extract is universally accepted as true by the profession, and if he had not attempted

to cast odium upon the only reliable remedy we have to secure the desired rest, we would have no cause of quarrel with the author. He then proceeds to declare that opium is a dangerous remedy.

If timely and judiciously applied, there is no remedy known to me which exerts so much control over this disease as opium. Its use is attended with some hazard, as its paralytic influence is not confined to the thoracic organs alone, but involves the vascular system, and all the secretant organs except the skin.

While it arrests the congestion and exudation, it renders torpid the liver, kidneys and alimentary canal. Vigilance is therefore necessary to guard against suppression of urine and torpor of all the digestive organs. Enemata and diuretics may be demanded to correct these evils. As a general rule, opium, or some of its preparations, may be given boldly in the early stages of pneumonia, with a view to the rapid reduction of the respiratory movement, but when the forces begin to flag, quinine and alcoholic stimulants must be combined with it, to counteract its general sedative effect upon the system. Its local influence over the thoracic organs once acquired, may be sustained without narcotism. In some persons great mental distress results from its use, but even in these cases its sedative influence may be secured by a judicious combination with other agents. Sometimes it is better borne when given by enema, or under the skin. When one form disagrees some other should be selected, or the opiate may be combined or alternated with chloral or the bromides, aconite, ox. cerium, ammoniated valerian, veratrum, or ipecac. Alcoholic stimulants sometimes render the system more tolerant of opium. When rest has been given to the injured organ and fever is subdued, the remedy may be gradually lessened in quantity, but in no case withdrawn under two or three days, unless deep narcotism should supervene. In this latter event, the usual antidote must be given until stupor passes off. At this period, we often find alcoholic stimulants demanded on account of the prostration of the

vital powers, and their continuance with morphia and quinine may sustain the paralytic influence already acquired over the nerve centres. They are by no means antagonistic in their operation in this disease.

If exhaustion does not require the use of stimulants, it is better to withhold them until the respiration and febrile movement have been reduced and sustained for several days. The quinine, in my judgment, has more sustaining powers than any evanescent stimulant, but both may be required to sustain the system. If, after using the sedatives and anti-pyretics, the disease is held in abeyance for two or three days, it is well to offer some acceptable form of alcohol, and if it is relished by the patient, and he rests quietly after using it, then it may be allowed freely in doses sufficient to satisfy the demands of the case. This agent is also a respiratory depressant and hypnotic, as well as a sustainer of the vital forces in some conditions of the system, but as a general rule, its therapeutic value is more easily determined by the patient than the physician. If it is agreeable and comforting to the patient, his judgment as to quality and quantity may be trusted in pneumonic cases, provided his perceptive faculties remain intact, otherwise the attending physician must decide when and how much must be administered. The temperature of the sick room must be kept uniform.

Alimentation, digestion, assimilation and nutrition should receive due attention in the advanced stage of the disease. Having stated the outlines, I will now briefly give some of the details of treatment.

The first and most important indication in the treatment of pneumonia is to give rest to the respiratory movements by paralyzing the respiratory nerve centres, and for this purpose, I prepare the following combination, altered to suit the age, condition and idiosyncrasy of the patient, viz :

R. Calomel.

Bicarb. soda, a a grs. xii.

Quinine, drachm. j.

Acetate Morphia, grs., iv.

Mix and make 12 powders.

Sig—One powder every 2, 3 or 4 hours, until the respirations are reduced nearly to the normal standard, or profound narcotism ensues. The nurses are instructed to make a record often of the pulse, respirations and temperature, and to watch for narcotism. If the patient does not arouse from sleep easily, the intervals are increased. Warm turpentine stupes are applied over the affected organ and continued until the surface is deeply reddened. Over this is applied cotton wadding and a flannel bandage. If this fails as a counter-irritant, croton oil is added. If the fever is not high, it is well to apply a blister at once, guarding against extensive vesication by the early use of emollient poultices. If the patient complains of the bad effects of the opiate, 5 grains oxalate cerium and 3 drops of tinc. aconite root given with each powder, will soothe the patient if his bowels are open. Tinc. veratrum may be of service to reduce the fever, but repeated doses often disturbs the stomach and depresses the system. A good condition of the stomach contributes much to the successful management of this disease. During the active stages the bowels should be moved by enemata every 24 hours, to reduce the fever and divert from the brain. When the fever has been subdued, and indications of exhaustion are evident, the mercury should be discontinued. My experience induces me to believe that when the respirations are reduced nearly to the normal standard, and held down for 2 or 3 days, the congestion and exudation will be arrested. If the skin becomes cool and relaxed, opium should be substituted for the morphia, and the patient may be invited to try stimulants. When the skin is dry and harsh, and the stomach is in good condition, dovers powders may keep down the thoracic movements and relax the surface. This is an excellent preparation for children when it does not disturb the stomach. When it is rejected, I prefer the following formula, which makes the safest and best liquid preparation of this class I have ever used, viz:

R. Acetate morphia grs. ij.
Bicarb. soda, drachms ij.
Mint water, oz. iv.

Mix and filter carefully.

Dose for adults, a tablespoonful; for children, one-half to one teaspoonful as often as required. I introduced this preparation during the late war under the name of anodyne mixture, and it became a favorite with physicians, druggists and families where it is known. It is an excellent substitute for paregoric, over which it possesses many advantages—efficient and comparatively harmless, and especially adapted for the diseases of children when opiates are demanded.

To impress upon you the benefits as well as the dangers of this plan of treatment, I will cite a case which occurred in the family of Dr. J. P. Moore, a prominent member of this Association. His son, aged 20 years, was seized with pneumonia, involving both lungs. The doctor requested me to see the case, and after consultation we agreed to try the abortive plan. The combination of calomel, quinine, soda and morphine was pressed upon the patient for fifteen hours, when he suddenly became deeply narcotized from the effects of two and a half grains of morphia. This condition was promptly met by the usual antidotes, and he rallied in a few hours to find himself convalescent with some hepatization of the inferior lobe of the left lung. He was directed to continue the quinine and take stimulants, which soon restored him. This young man was delicate and impressible, and had been taking brain sedatives previous to the attack, which I think accounts for the sudden access of narcotism, a result that I never witnessed from so small a quantity of morphia before. Many cases will take double this quantity for days without narcotism, while others yield promptly to its influence. This diversity of impressibility is difficult to explain, and we have no data which will enable us to determine the maximum dose that can be borne. Mr. Moore's case was exceptional, and cannot be considered a criterion. Some of my cases have taken a grain of morphine every three hours, combined with other agents, during the first twenty-four hours, with the happiest results.

I have made no distinction between lobar and lobular

pneumonia, because I believe this treatment applicable to both forms of the disease. Nor do I consider it necessary to enter into minute details. Since I have adopted this plan my mind has often reverted back over a broad field of professional life, checkered with marks of devotion to every system that has prevailed for the last thirty years, with a view to determine their relative merits, and on each comparison my judgment was strengthened in the conviction that the one I now suggest has yielded more favorable results in my hands than any other. Modification of treatment may be demanded, but the principles which I have endeavored to inculcate in this paper I believe will bear the scrutiny which awaits every innovation on the fashions of the day, and trust you will all give it a fair trial.

